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Bib Data Sheet

SERIAL NUMBER 09/659,866	FILING DATE 09/12/2000 RULE —	CLASS 600	GROUP ART UNIT 3736	ATTORNEY DOCKET NO. GOLDENH.001C1
APPLICANTS Scott J. Jones, Escondido, CA ; Kevin C. Hutton, Solana Beach, CA ;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 10/31/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY CA	SHEETS DRAWING 17	TOTAL CLAIMS 1
Verified and Acknowledged Examiner's Signature _____ Initials _____			INDEPENDENT CLAIMS 1	
ADDRESS				
20995				
TITLE				
Integrated emergency medical transportation database system				
FILING FEE RECEIVED 420	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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BIBDATASHEET

CONFIRMATION NO. 2541

Bib Data Sheet

SERIAL NUMBER 09/659,866	FILING DATE 09/12/2000 RULE	CLASS 705	GROUP ART UNIT 3626	ATTORNEY DOCKET NO. GOLDENH.001C1
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APPLICANTS

Scott J. Jones, Escondido, CA;

Kevin C. Hutton, Solana Beach, CA;

** CONTINUING DATA *****

mt

09/083,440

3/2/1998

verified

** FOREIGN APPLICATIONS *****

mt

None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 10/31/2000

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	CA	17	1	1
Examiner's Signature _____ Initials _____				

ADDRESS

20995
KNOBBE MARTENS OLSON & BEAR LLP
2040 MAIN STREET
FOURTEENTH FLOOR
IRVINE , CA
92614

TITLE

Integrated emergency medical transportation database system

FILING FEE RECEIVED 420	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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